



THE USAID POPULATION PROGRAM IN ECUADOR

A GRADUATION REPORT

EXECUTIVE SUMMARY

**John P. Coury
Aida Lafebre**

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The Population Technical Assistance Project
1101 Vermont Avenue, NW, Suite 900
Washington, DC 20005
Telephone: (202) 898-9040
Fax: (202) 898-9057
admin@poptechproject.com

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ACRONYMS

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| AFEME | Association of Ecuadorian Faculties of Medical Science |
| APOLO | Support to Local Organizations Project (Apoyo a Organizaciones Locales), managed by CARE International |
| APROFE | Asociación Pro-bienestar de la Familia Ecuatoriana (Association for the Well-being of the Ecuadorian Family) |
| AVSC | AVSC International (currently known as EngenderHealth) |
| BCG | Bacille Calmette-Guérin vaccine for tuberculosis |
| CA | Cooperating agency |
| CAATS | Centro de Aprendizaje Asistido por Tecnología en Salud (Technology-Assisted Learning Center) |
| CAD | Center for Demographic Analysis |
| CCMIS | Contraceptive commodities management information system |
| CDC/DRH | Centers for Disease Control and Prevention, Division of Reproductive Health |
| CEMOPLAF | Centro Médico de Orientación y Planificación Familiar (Medical Center for Family Planning and Counseling) |
| CEPAR | Centro de Estudios de Población y Desarrollo Social (Center for Studies in Population and Social Development), formerly known as Centro de Estudios de Población y Paternidad Responsable (Center for Studies in Population and Responsible Parenthood) |
| COF | Centro de Orientación Familiar en Servicios de Salud Sexual y Reproductiva (Center for Family Guidance in Sexual and Reproductive Health Services), formerly known as Centro Obstétrico Familiar (Center for Family Obstetrics) |
| CONADE | Consejo Nacional de Desarrollo (National Development Council) |
| CONAMU | Consejo Nacional de la Mujer (National Women's Council) |
| CP | Condition precedent |
| CPT | Contraceptive procurement table |
| CYP | Couple year of protection |
| DHS | Demographic and Health Survey |
| DPT | Diphtheria-pertussis-tetanus vaccine |
| ENDEMAIN | Encuesta Demográfica y de Salud Materna e Infantil (Demographic and Maternal and Child Health Survey) |
| ENJOV | Encuesta de Información y Experiencia Reproductiva de los Jovenes Ecuatorianos en Quito y Guayaquil (Survey of Reproductive Information and Experience of Ecuadorian Youth in Quito and Guayaquil) |
| ESF | Economic support funds |
| FHI | Family Health International |
| FPIA | Family Planning International Assistance |
| FPLM | Family Planning Logistics Management |
| FY | Fiscal year |
| GOE | Government of Ecuador |
| G/PHN/POP | Bureau for Global Programs, Field Support and Research, Center for Population, Health and Nutrition, Office of Population |
| HIV/AIDS | Human immunodeficiency virus/acquired immune deficiency syndrome |
| IACO | Información y Atención Comunitaria (Information and Services for the Community) |
| ICRW | International Center for Research on Women |
| IEC | Information, education and communication |
| IESS | Instituto Ecuatoriano de Seguridad Social (Ecuadorian Social Security Institute) |
| IMR | Infant mortality rate |
| INEC | Instituto Nacional de Estadísticas y Censos (National Institute of Statistics and Census) |
| INNFA | Instituto Nacional del Niño y la Familia (National Child and Family Institute) |
| INOPAL | Investigación Operacional para América Latina (Operations Research Project for Latin America) |
| IPPF | International Planned Parenthood Federation (headquarters in London) |

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| IPPF/WHR | International Planned Parenthood Federation/Western Hemisphere Region (headquarters in New York) |
| IUD | Intrauterine device |
| JHPIEGO | Johns Hopkins University Program for International Education in Reproductive Health |
| JHU/PCS | Johns Hopkins University/Population Communication Services |
| JSI | John Snow, Inc. |
| LAC | Latin America and the Caribbean |
| LAM | Lactational amenorrhea method |
| MCH | Maternal and child health |
| MMR | Maternal mortality ratio |
| MOCA | Médicos y Obstetrices Comunitarios Asociados (Community Physicians and Midwives Associates) |
| MOF | Ministry of Finance |
| MOH | Ministry of Health |
| NGO | Nongovernmental organization |
| NPA | Nonproject assistance |
| PAHO | Pan American Health Organization |
| PHR | Partnerships for Health Reform Project |
| POPTECH | Population Technical Assistance Project |
| R4 | Results Review and Resource Request |
| SO | Strategic Objective |
| SOMARC | Social Marketing for Change Project |
| SSC | Seguro Social Campesino (Rural Social Security) |
| TFR | Total fertility rate |
| UNESCO | United Nations Organization for Education, Science and Culture |
| UNFPA | United Nations Population Fund |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

EXECUTIVE SUMMARY

For nearly 30 years, the United States Agency for International Development (USAID) provided assistance for population, family planning, and reproductive health programs in Ecuador. Throughout the early years, USAID worked with both private and public sector institutions to establish a broad base for national awareness of and support for family planning and for the introduction of contraceptive services. USAID led all other donors in this sector in terms of financial, technical, and contraceptive commodity assistance. Upon reflection of the accomplishments of the USAID population program during these years and considering its most recent Strategic Objective of “increased use of sustainable family planning and maternal child health services,” it is apparent that the Agency was successful in this endeavor and has adequately provided for the graduation of its local partners, particularly those in the private sector, where USAID had directed the major focus of its assistance over the past decade.

During the last and final phase of assistance, 1992–2001, the USAID strategy focused primarily on assuring the financial and institutional sustainability of the two largest local nongovernmental organizations (NGOs) that provide family planning services. USAID/Ecuador worked in partnership with the Asociación Pro-bienestar de la Familia Ecuatoriana (APROFE), which is the Ecuadorian affiliate of the International Planned Parenthood Federation (IPPF), and the Centro Médico de Orientación y Planificación Familiar (CEMOPLAF)—institutions that provide contraceptive and other reproductive health services. At the same time, in order to assure that the necessary tools were in place for future program monitoring, planning, and evaluation, USAID assistance was provided to the Centro de Estudios de Población y Desarrollo Social (CEPAR).

Since the late 1970s, USAID’s population assistance increased noticeably. In the five-year period from 1987 to 1991, the value of USAID population assistance, including Mission-managed and USAID-centrally managed activities and contraceptives, totaled over US \$11.6 million, compared with the final five-year period, 1997–2001, which had more than \$22 million in estimated expenditures. As the major provider of contraceptives to Ecuador, USAID donated more than \$5.6 million in commodities in the past six years alone.

During the years of USAID support, the total fertility rate (TFR) decreased from 6.2 in 1970 to 3.3 in 1999. Over the same period, the prevalence of contraceptive use in Ecuador increased, from a 1979 level of 33.6 percent of women in union using a method to 66.3 percent in 1999. More dramatic were the changes among women in rural areas, where use increased from a low of 22.3 percent in 1979 to the 1999 level of 58.4 percent, representing a significant 162 percent increase. This compares with the rise in use in urban areas, from 47.7 percent in 1979 to 71.2 percent in 1999, or a 49 percent increase during those 20 years. These accomplishments reflect the emphasis placed by the USAID program on working in rural areas.

Through the nonproject assistance (NPA) mechanism, USAID provided support to numerous public sector institutions. Among the beneficiaries were the Ministry of Health, the Ministry of Finance, the Ecuadorian Social Security Institute, the Rural Social Security Program, and the National Development Council (CONADE). The intent of the NPA mechanism was to reduce the management burden on USAID while assuring a stable foundation for family planning and the population policy within official government of Ecuador (GOE) institutions. Although it eventually expended large amounts of funds, the NPA nevertheless lacked the ability to put many of the intended policies into action.

Among the highlights of the USAID/Ecuador legacy in the population and family planning sector are the following:

- The National Population Policy, issued in 1987, and Article 39 of the Ecuadorian Constitution of 1998, guarantee the right of all individuals and couples to space and plan the size of their families through access to information and the provision of safe, modern contraceptive services.
- Availability of a wide choice of safe contraceptive methods, presently used by more than 66 percent of women of fertile age, continues to expand through programs of public and private sector institutions.
- For the near future, the financial sustainability of the two key NGO providers of family planning services is assured, with each entrusted with a sizeable sustainability endowment fund: \$5,150,000 for APROFE and \$3,366,000 for CEMOPLAF.
- To ensure that future health leaders, staff, and students have access to the latest information on the advances in family planning and reproductive health, the computer-based technology-assisted learning centers at the Ministry of Health are in operation and are presently self-financing.
- The recently published and nationally disseminated, *Reproductive Health Services Delivery Guidelines*, serves as an essential tool for the provision of quality reproductive health care.
- The public and private sectors share a commitment to explore new family planning methods, such as emergency contraception, as well as new areas within reproductive health, such as assuring gender-based programming and improving postabortion care.
- The in-country technical capability developed by CEPAR for producing national demographic and reproductive health surveys, together with the political recognition of the critical importance of these tools, will contribute to their future replication.

- Despite the lack of future USAID assistance, the participation of other international donors, such as the United Nations Population Fund (UNFPA) and the European Economic Community, continues in the areas of sexual and reproductive health. USAID-funded logistics technical assistance and contraceptive deliveries to family planning NGOs, using unexpended fiscal year 2001 funds, will continue into 2002.

Throughout the years, USAID/Ecuador considered its population program among its highest priorities, assuring it adequate support, both in terms of funding and human resources. The program enjoyed the collaboration of public sector institutions, as well as the loyal commitment of those NGOs dedicated to the delivery of family planning services. As the USAID program graduates from Ecuador, 95.3 percent of the women of fertile age, married or in union, can identify at least one modern contraceptive method. This level of knowledge has been continuously high over the past 12 years and indicates that contraceptive knowledge in Ecuador is on a solid foundation. (In the 1987 survey, 90 percent of these women reported knowing of at least one modern method.)

At the same time, the sexual and reproductive health behaviors of the Ecuadorian population has improved dramatically, when compared with the situation a mere 30 years ago. USAID can be assured that the strong partnerships that have been developed in the area of population and family planning, as well as the sustainable programs and institutions that remain, will allow Ecuador to continue to improve the health and welfare of all its citizens.